PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number					
	PATEN		09-	09	69	99							
CLAIMS AS FILED - PART I								AALL E			OTHER	THAN	
	OTAL CLAUAG		(Column 1)			(Column 2)		PE [OR	SMALL		
TOTAL CLAIMS							_	RATE	FEE	-	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		8.	ASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =					X43=		OR	X86=		
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT				- [+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						1	OTAL		OR	TOTAL			
	CLAIMS AS AMENDED - PART II 5-23-03 (Column 1) (Column 2) (Column 3)							MALL	ENTITY	OR	OTHER SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC	EST BER OUSLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DMG	Total	-10	Minus	- 0	20	=		X\$ 9=	٨	OR	X\$18=		
MEN	Independent	.2	Minus	(3	= /		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM			145=		OR	+290=		
								TOTAL			TOTAL		
								DIT. FEE		12	addit. FEE		
		(Column 1) I CLAIMS	I	(Colun		(Column 3)	<u> </u>		ADDI-	1		ADDI-	
NT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
AMENDMENT	Total	•	Minus	**		=	\	X\$ 9=		OR	X\$18=		
MEP	Independent	*	Minus	244		*		X43=		OR	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=		OR	+290≃		
	· · · · · · · · · · · · · · · · · · ·							TOTAL			TOTAL ADDIT, FEE		
(2.1 2) (2.1 2)								DIT. FEE I		3	AUUII. FEEI		
		(Column 1) CLAIMS		(Colun		(Column 3)		1	ADDI-	1 1		ADDI-	
NT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	F	RATE	TIONAL		RATE	TIONAL FEE	
AMENDMENT	Total	*	Minus	#*		= .	>	(\$ 9=		OR	X\$18=		
# W	Independent	*	Minus	444		=	-	<43=		OR	X86=		
[۲	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM						202		
	- 	+	145= TOTAL		OR	+290=							
 H	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 								·	OR ,	TOTAL ADDIT, FEE		
****	ALL MICHES AND ALL .	mber Previously Pa ber Previously Paid	id East (NI TILL)	C CDACE ic	lace tha	n 3 eniec 3.		OIT. FEE	ropriate box	c in col	umn 1,		